

386 AB 016

PLUMBING APPLICATION

Town or Plantation: Portland

Street: 43 Alice Ct.

Subdivision Lot #: Lot 16 Auburn Penas

Last: Fernante First: _____

Applicant Name: Frederick L. Brown

Mailing Address of Owner/Applicant (if Different): 174 Black Point Rd
Scarborough, Me

Owner/Applicant Statement
I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspectors to deny a Permit.
Frederick L. Brown 6/29/01
Signature of Owner/Applicant Date

PORTLAND 7752 TOWN COPY

Date Permit Issued: 6/29/01 \$ 1,200.00 Double Fee Charged

FEE

L.P.I. # 9124

Local Plumbing Inspector Signature _____

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

Local Plumbing Inspector Signature _____ Date Approved _____

This Application is for	Type of Structure To Be Served:	Plumbing To Be Installed By:
1. <input checked="" type="checkbox"/> NEW PLUMBING	1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING	1. <input checked="" type="checkbox"/> MASTER PLUMBER
2. <input type="checkbox"/> RELOCATED PLUMBING	2. <input type="checkbox"/> MODULAR OR MOBILE HOME	2. <input type="checkbox"/> OIL BURNERMAN
	3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING	3. <input type="checkbox"/> MFG'D. HOUSING DEALER/MECHANIC
	4. <input type="checkbox"/> OTHER - SPECIFY _____	4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE
		5. <input type="checkbox"/> PROPERTY OWNER
		LICENSE # <u>1832</u>

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2 Type of Fixture		Column 1 Type of Fixture	
	Number	Type of Fixture	Number	Type of Fixture
<input type="checkbox"/> HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District. OR <input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system. <input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	<u>2</u>	Hosebibb / Sillcock	<u>1</u>	Bathtub (and Shower)
		Floor Drain	<u>3</u>	Shower (Separate)
		Urinal	<u>1</u>	Sink
		Drinking Fountain	<u>4</u>	Wash Basin
		Indirect Waste	<u>4</u>	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.	<u>2</u>	Clothes Washer
		Grease / Oil Separator	<u>1</u>	Dish Washer
		Dental Cuspidor	<u>1</u>	Garbage Disposal
		Bidet		Laundry Tub
	<u>1</u>	Other: <u>tub only</u>		Water Heater
<input type="checkbox"/> TRANSFER FEE [\$6.00]		Fixtures (Subtotal) Column 2	<u>17</u>	Total Fixtures
			<u>3</u>	
			<u>120.⁰⁰</u>	
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE				Permit Fee Total

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